

# CITY OF MILWAUKEE FIRE DEPARTMENT

## FIREFIGHTER PERSONAL HISTORY QUESTIONNAIRE INSTRUCTIONS

The Personal History Questionnaire (PHQ) is the first step in the background investigation process. You are required to complete a PHQ form and return it to the City of Milwaukee Fire and Police Commission (FPC) on or before **Friday, September 7, 2012 at 4:30 p.m.** If you fail to complete the PHQ, or it is not received by the deadline, you may be disqualified from further participation and no longer considered for the position.

Questions about completing the PHQ may be directed to the FPC at 414-286-5071. Follow these instructions to complete your PHQ:

- The PHQ must be completed directly by the individual who has applied for the position.
- Responses may be typed or, if you complete the PHQ by hand, must be *legible* and *printed using black ink*.
- Leave no response blank. If the question does not apply, indicate "N/A" (Not Applicable).
- Ensure all information provided is accurate, complete and truthful:
  - Falsification, willful misrepresentation, or intentional omission of material *information* will result in disqualification and/or termination of employment by the Milwaukee Fire Department.
  - Failure to include complete information may result in disqualification because it may be considered untruthfulness. Therefore, you should take necessary action to obtain all information (e.g., criminal, traffic, civil, employment, school records, etc.).
  - If you are unsure of an exact date or have other partial information, include as much information as possible (e.g., month and year or approximate year, etc.). Do not leave the response blank, as that may also be considered untruthfulness, resulting in disqualification.
- If there is a change in any information (name, address, phone number(s), employment, driving record, etc.) that occurs after submitting your PHQ, it must be reported to the FPC within five (5) days of the date the change occurred. Contact the FPC at 414-286-5071.
- If you need additional space for your response, write your response on a separate sheet of paper and attach it to the PHQ.
- When you return your PHQ, the documents listed in the ***Document Checklist*** (see next page) must be attached and your fingerprint must be on it (see ***Fingerprinting*** below).
- Your completed PHQ must be received by the FPC by the deadline stated above. You may deliver the document personally, have someone else drop it off for you, or mail it. Whichever method you choose, your completed PHQ must be received in our office or postmarked by the deadline date. The FPC is located in City Hall Room 706-A, 200 E. Wells Street, Milwaukee WI 53202. If your PHQ is not received, or postmarked, by the deadline, you may be disqualified.

### FINGERPRINTING

When you submit your PHQ, the document must have your fingerprint on it (see ***Certification & Signature*** page). Appointment times fill up quickly. Follow these instructions to schedule your appointment as soon as you receive this letter. If you are not fingerprinted, you may be disqualified or your background investigation may be delayed.

1. Call 414-935-7380 to schedule an appointment with the Milwaukee Police Department.
2. Take your PHQ and a government-issued photo ID (driver's license, state ID, military ID, passport) to your appointment at:
  - Milwaukee Police Department Police Administration Building - Room 305
  - 951 N. James Lovell Street (7<sup>th</sup> & State Streets)
  - Milwaukee, WI 53233

## DOCUMENT CHECKLIST

- Submit all the following documents in order for your background investigation to begin. Attach **copies** of the documents listed below that apply to you. Failure to attach copies of all required documents when you submit your PHQ may result in a delay in completion of your background investigation and, in turn, may affect your ability to be hired in order of rank on the eligibility list.
  - ☐ Birth Certificate, **official certified copy** (Wisconsin Law 69.24 strictly prohibits copying vital records; submit a true certified copy).
  - ☐ Social Security Card – showing your current legal name.
  - ☐ Passport Photographs (2" x 2") – submit two (2); specifications can be found at <http://travel.state.gov/passport>.
  - ☐ High School Diploma, Office High School Transcript showing successful completion, G.E.D. Certificate (if not from the State of Wisconsin, you must also provide a copy of test scores), or High School Equivalency Diploma (H.S.E.D.)
  - ☐ Valid Driver's License

Note: Firefighter candidates must have a valid driver's license at the time the background investigation begins and Fire Cadet candidates must have a valid driver's license within six (6) months of appointment. If you do not currently have a valid driver's license, you are strongly encouraged to take immediate action to obtain one or you may be disqualified. Your address with the Department of Transportation should be current per Wisconsin State Statutes 343.22(2)(a).
  - ☐ Credit Report – A detailed report, including credit score can be obtained from one of the agencies listed below. Please note there is a nominal fee for the report as free credit reports do not contain sufficient information and will not be accepted.

Experian®	1-888-937-3742	<a href="http://www.experian.com">www.experian.com</a>
Equifax®	1-800-759-5979	<a href="http://www.equifax.com">www.equifax.com</a>
TransUnion®	1-800-888-4213	<a href="http://www.transunion.com">www.transunion.com</a>
- If you have served in the military, you must provide:
  - ☐ DD-214 Military Form (undeleted copy) – undeleted includes the bottom portion of the form which shows the type of discharge and character of service.
- If you were required to register for Selective Service and have not served in the military, you must provide:
  - ☐ Selective Service Registration

Note: Print a copy at <http://www.sss.gov/records.htm> or call 847-688-6888.
- If you have attended college, even if not in a firefighter-related field, you must provide:
  - ☐ Vocational / Technical Certificates (if applicable)
  - ☐ College Diplomas (if applicable)
  - ☐ Official transcript(s) – mailed directly to:  
Milwaukee Police Department  
Background Investigation Section  
P.O. Box 531  
Milwaukee, WI 53201
- If you were not born in the United States, you must provide:
  - ☐ Naturalization papers
- If you have legally used any other name, you must provide:
  - ☐ Documents pertaining to name change (e.g., marriage, divorce, adoption, or other legal name change)
- If you are unable to obtain a copy of all required documents before the deadline, submit the completed PHQ on time and attach a written explanation of which document(s) are missing and when you expect to be able to provide them. Submit the missing documents as soon as you can.

**Section I – PERSONAL/FAMILY INFORMATION**

*NOTE: If more space is needed for any question, attach additional pages following the same format.*

- 1) LEGAL NAME: \_\_\_\_\_  
Last Name First Name Full Middle Name
- 2) List all other names you have used or been known by (maiden name, adopted name, aliases, nicknames, etc.) and explain each one:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3) Your present SOCIAL SECURITY number: \_\_\_\_\_  
3 Digits 2 Digits 4 Digits
- 4) Other Social Security number(s) that have been assigned to you: \_\_\_\_\_
- 5) Date of Birth: \_\_\_\_\_  
Month Day Year
- 6) Age at last Birthday: \_\_\_\_\_ Years 7) Gender: ☐ Male ☐ Female
- 8) List any other dates of birth you have used and the reason for doing so:  
\_\_\_\_\_  
\_\_\_\_\_
- 9) Place of Birth: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
- 10) If a current City of Milwaukee resident, when did you become a resident?  
Month Year
- 11) Present Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- 12) Home Telephone Number ( ) - Hours available at this number? \_\_\_\_\_  
Cell Telephone Number ( ) - Hours available at this number? \_\_\_\_\_
- 13) Work Telephone Number ( ) - Hours available at this number? \_\_\_\_\_
- 14) If you have no phone, supply the name and number of the person who can contact you, including their relationship (e.g., spouse, friend, brother, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
- 15) Current Marital Status: ☐ Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

Name of Present Spouse: \_\_\_\_\_  
Last Name First Name Middle Name

Spouse's Other Name(s) / Maiden Name \_\_\_\_\_ / \_\_\_\_\_  
Last Name First / Middle Names Date of Birth

City/State Marriage Performed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Present Address (if different than yours): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's Telephone Number: ( ) - \_\_\_\_\_

Occupation of Spouse: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Spouse's Business Address: \_\_\_\_\_ Business Phone: ( ) - \_\_\_\_\_

16) Name of Significant Other / Fiancée:

Last Name First Name Middle Name

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number ( ) - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: ( ) - \_\_\_\_\_

17) List ALL previous marriages in reverse order of occurrence

Name of Former Spouse: \_\_\_\_\_  
Last Name (presently using) First Name Middle Name

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Home ( ) - \_\_\_\_\_ Work ( ) - \_\_\_\_\_ Cell ( ) - \_\_\_\_\_

City/State Marriage Performed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Court Issuing Divorce / Annulment: \_\_\_\_\_

Date Filed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Granted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

Name of Former Spouse: \_\_\_\_\_  
Last Name (presently using) First Name Middle Name

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Home ( ) - Work ( ) - Cell ( ) -

City/State Marriage Performed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Court Issuing Divorce / Annulment: \_\_\_\_\_

Date Filed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Granted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

18) List all children including natural children, adopted children, stepchildren, foster children and other dependents. If deceased, so indicate.

a) Name: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle Date of Birth

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Child or Dependent: \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_ ( ) -  
Last First Middle Phone

b) Name: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle Date of Birth

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Child or Dependent: \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_ ( ) -  
Last First Middle Phone

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

18) Children/Dependents - Continued

c) Name: \_\_\_\_\_ / /  
Last First Middle Date of Birth

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Child or Dependent: \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_ ( ) -  
Last First Middle Phone

d) Name: \_\_\_\_\_ / /  
Last First Middle Date of Birth

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Child or Dependent: \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_ ( ) -  
Last First Middle Phone

e) Name: \_\_\_\_\_ / /  
Last First Middle Date of Birth

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Child or Dependent: \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_ ( ) -  
Last First Middle Phone

f) Name: \_\_\_\_\_ / /  
Last First Middle Date of Birth

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Child or Dependent: \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_ ( ) -  
Last First Middle Phone

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

18) Children/Dependents - Continued

g) Name: \_\_\_\_\_ / /  
Last First Middle Date of Birth

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Child or Dependent: \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_ ( ) -  
Last First Middle Phone

19) Supply the requested information concerning your relatives and family members in the spaces provided below. If a category is not applicable, write "n/a". Indicate if the person is deceased.

Father \_\_\_\_\_ ( ) -  
Last Name First Name Middle Name Phone Number

Address \_\_\_\_\_  
City State Zip Code

Step-Father \_\_\_\_\_ ( ) -  
Last Name First Name Middle Name Phone Number

Address \_\_\_\_\_  
City State Zip Code

Mother \_\_\_\_\_ ( ) -  
Last Name First Name Middle Name Phone Number

Address \_\_\_\_\_  
City State Zip Code

Step-Mother \_\_\_\_\_ ( ) -  
Last Name First Name Middle Name Phone Number

Address \_\_\_\_\_  
City State Zip Code

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

19) Family -- continued.

Father-  
in-Law

(     ) -  
Last Name                      First Name                      Middle Name                      Phone Number

Address

City                      State                      Zip Code

Mother-  
in-Law

(     ) -  
Last Name                      First Name                      Middle Name                      Phone Number

Address

City                      State                      Zip Code

For the following, check the appropriate relationship.

a) ☐ Brother    ☐ Step-Brother    ☐ Half-Brother    ☐ Sister    ☐ Step-Sister    ☐ Half-Sister

Name

(     ) -  
Last                      First                      Middle                      Phone Number

Address

City                      State                      Zip

b) ☐ Brother    ☐ Step-Brother    ☐ Half-Brother    ☐ Sister    ☐ Step-Sister    ☐ Half-Sister

Name

(     ) -  
Last                      First                      Middle                      Phone Number

Address

City                      State                      Zip

c) ☐ Brother    ☐ Step-Brother    ☐ Half-Brother    ☐ Sister    ☐ Step-Sister    ☐ Half-Sister

Name

(     ) -  
Last                      First                      Middle                      Phone Number

Address

City                      State                      Zip

d) ☐ Brother    ☐ Step-Brother    ☐ Half-Brother    ☐ Sister    ☐ Step-Sister    ☐ Half-Sister

Name

(     ) -  
Last                      First                      Middle                      Phone Number

Address

City                      State                      Zip



**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

19. Family – continued. For the following, check the appropriate relationship.

e) ☐ Brother   ☐ Step-Brother   ☐ Half-Brother   ☐ Sister   ☐ Step-Sister   ☐ Half-Sister

Name \_\_\_\_\_ (     ) -  
Last First Middle Phone Number

Address \_\_\_\_\_  
City State Zip

f) ☐ Brother   ☐ Step-Brother   ☐ Half-Brother   ☐ Sister   ☐ Step-Sister   ☐ Half-Sister

Name \_\_\_\_\_ (     ) -  
Last First Middle Phone Number

Address \_\_\_\_\_  
City State Zip

19) Family-continued. List other relatives with whom you have close personal relationships.

Relationship Last Name First Name Middle Name Phone Number  
(e.g., aunt)

Address \_\_\_\_\_  
City State Zip Code

Relationship Last Name First Name Middle Name Phone Number  
(e.g., aunt)

Address \_\_\_\_\_  
City State Zip Code

Relationship Last Name First Name Middle Name Phone Number  
(e.g., aunt)

Address \_\_\_\_\_  
City State Zip Code

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

**Section II – RESIDENCES**

***NOTE: If more space is needed for any question, attach additional pages following the same format.***

- 20) List below in reverse chronological order each place you have resided in the last ten (10) years. **Do not list residences you had prior to your 15<sup>th</sup> birthday.** Start with your present address and work backward. Be careful to give your correct addresses.

Present Address				
	Include apartment number if applicable	City	State	Zip Code
With whom do you live?			Phone Number (     )	-
At This Address From: (Mo./Yr.)	/	To: (Mo./Yr.)	/	Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own
Reason for Leaving				
Landlord Name or Mortgage Holder (if owner)			Phone Number of Landlord or Mortgage Holder (     )	-
Address of Landlord or Mortgage Holder				
		City	State	Zip Code

Previous Address				
	Include apartment number if applicable	City	State	Zip Code
With whom did you live?			Phone Number (     )	-
At This Address From: (Mo./Yr.)	/	To: (Mo./Yr.)	/	Did you <input type="checkbox"/> Rent <input type="checkbox"/> Own
Reason for Leaving				
Landlord Name or Mortgage Holder (if owner)			Phone Number of Landlord or Mortgage Holder (     )	-
Address of Landlord or Mortgage Holder				
		City	State	Zip Code

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

Previous Address					
	Include apartment number if applicable		City	State	Zip Code
With whom did you live?				Phone Number	(     ) -
At This Address From: (Mo./Yr.)	/	To: (Mo./Yr.)	/	Did you <input type="checkbox"/> Rent <input type="checkbox"/> Own	
Reason for Leaving					
Landlord Name or Mortgage Holder (if owner)			Phone Number of Landlord or Mortgage Holder	(     ) -	
Address of Landlord or Mortgage Holder					
			City	State	Zip Code

Previous Address					
	Include apartment number if applicable		City	State	Zip Code
With whom did you live?				Phone Number	(     ) -
At This Address From: (Mo./Yr.)	/	To: (Mo./Yr.)	/	Did you <input type="checkbox"/> Rent <input type="checkbox"/> Own	
Reason for Leaving					
Landlord Name or Mortgage Holder (if owner)			Phone Number of Landlord or Mortgage Holder	(     ) -	
Address of Landlord or Mortgage Holder					
			City	State	Zip Code

21) Have you ever received a formal eviction notice? ☐ YES ☐ NO If yes, explain and give details including date and County:

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**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

**Section III - CITIZENSHIP**

22) Are you a United States citizen? ☐ YES ☐ NO

23) If you are of foreign birth, or are a naturalized citizen, provide the following.

Country of Birth _____	Date of Entry into the United States	_____ / _____ / _____
Port / Place of Departure for the United States _____	Port / Place of Entry into the United States _____	

24) If a naturalized citizen, provide the name and address of person who sponsored you on arrival.

Sponsor Name	_____			
	Last	First	Middle	
Current Address of Sponsor	_____			
		City	State	Zip Code
Your First Address after Arrival in US	_____			
		City	State	Zip Code

24a) When did you obtain Citizenship?

Petition Number _____	Date	_____ / _____ / _____
State _____	Court _____	Certificate Number _____

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

**Section IV – WORK AND MILITARY EXPERIENCE**

**NOTE: If more space is needed for any question, attach additional pages following the same format.**

- 25) Beginning with your current employment and working backward, provide a complete record of your employment, self-employment, military service or volunteer experience during the past ten (10) years. **There should not be any gaps in time. However, if a gap is due to a health-related matter DO NOT include or explain the gap.** If you lack a record of your ten year employment history you can obtain it for a fee from the Social Security Administration website at <http://www.socialsecurity.gov/online/ssa-7050.pdf>.

<b>a) CURRENT EMPLOYMENT/EXPERIENCE</b>				
Dates of Emp./Exp.	From (mo./yr.) /	To (mo./yr.) /	Employer	
Address				
		City	State	Zip Code
Position Title		Supervisor		Phone (     )     -
Major Duties				
Type of Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer			
In the spaces below list up to 3 co-workers with whom you worked closely.				
Co- Worker	Name	Address		Phone (if known) (     )     -
Co- Worker	Name	Address		Phone (if known) (     )     -
Co- Worker	Name	Address		Phone (if known) (     )     -

<b>b) PREVIOUS EMPLOYMENT/EXPERIENCE</b>				
Dates of Emp./Exp.	From (mo./yr.) /	To (mo./yr.) /	Employer	
Address				
		City	State	Zip Code
Position Title		Supervisor		Phone (     )     -
Major Duties				
Type of Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer			
Reason for Leaving				
In the spaces below list up to 3 co-workers with whom you worked closely.				
Co- Worker	Name	Address		Phone (if known) (     )     -
Co- Worker	Name	Address		Phone (if known) (     )     -
Co- Worker	Name	Address		Phone (if known) (     )     -

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

<b>c) PREVIOUS EMPLOYMENT/EXPERIENCE</b>				
Dates of Emp./Exp.	From (mo./yr.) /	To (mo./yr.) /	Employer	
Address				
	City		State	Zip Code
Position Title	Supervisor		Phone (     )     -	
Major Duties				
Type of Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer			
Reason for Leaving				
In the spaces below list up to 3 co-workers with whom you worked closely.				
Co- Worker	Name	Address		Phone (if known) (     )     -
Co- Worker	Name	Address		Phone (if known) (     )     -
Co- Worker	Name	Address		Phone (if known) (     )     -

<b>d) PREVIOUS EMPLOYMENT/EXPERIENCE</b>				
Dates of Emp./Exp.	From (mo./yr.) /	To (mo./yr.) /	Employer	
Address				
	City		State	Zip Code
Position Title	Supervisor		Phone (     )     -	
Major Duties				
Type of Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer			
Reason for Leaving				
In the spaces below list up to 3 co-workers with whom you worked closely.				
Co- Worker	Name	Address		Phone (if known) (     )     -
Co- Worker	Name	Address		Phone (if known) (     )     -
Co- Worker	Name	Address		Phone (if known) (     )     -

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

e) PREVIOUS EMPLOYMENT/EXPERIENCE				
Dates of Emp./Exp.	From (mo./yr.) /	To (mo./yr.) /	Employer	
Address				
	City		State	Zip Code
Position Title	Supervisor		Phone (     )     -	
Major Duties				
Type of Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer			
Reason for Leaving				
In the spaces below list up to 3 co-workers with whom you worked closely.				
Co- Worker	Name	Address		Phone (if known) (     )     -
Co- Worker	Name	Address		Phone (if known) (     )     -
Co- Worker	Name	Address		Phone (if known) (     )     -

f) PREVIOUS EMPLOYMENT/EXPERIENCE				
Dates of Emp./Exp.	From (mo./yr.) /	To (mo./yr.) /	Employer	
Address				
	City		State	Zip Code
Position Title	Supervisor		Phone (     )     -	
Major Duties				
Type of Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer			
Reason for Leaving				
In the spaces below list up to 3 co-workers with whom you worked closely.				
Co- Worker	Name	Address		Phone (if known) (     )     -
Co- Worker	Name	Address		Phone (if known) (     )     -
Co- Worker	Name	Address		Phone (if known) (     )     -

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

26)	Account for periods of time which are not covered by your education or employment or military history. If a period of absence is for a health-related matter, <b><u>do not include or explain the gap.</u></b>		
	From:	To:	Reason for employment gap:
	From:	To:	Reason for employment gap:
	From:	To:	Reason for employment gap:
	From:	To:	Reason for employment gap:

27) Has any employer ever advised you of any problems, or have you had any problems, such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers, and/or being below required standards for quantity and/or quality of work?

☐ Yes   ☐ No   If yes, explain and give details of all instances (e.g., employer, dates, circumstances, your name at time of employment if different from current name):

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28) Have you ever resigned in lieu of termination or been terminated (fired), disciplined, reprimanded, or suspended at any place of employment?

☐ Yes   ☐ No   If yes, explain and give details of all instances (e.g., employer, dates, circumstances, your name at time of employment if different from current name):

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29) Have you had any extended work absences for reasons other than medical/sick leave or earned vacations?

☐ Yes   ☐ No   If yes, explain and give details (including dates) of all instances:

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**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

30)	<b>Have you ever:</b>	Yes	No
a.	Previously applied for employment with the Milwaukee Fire or Police Department or fire departments in other jurisdictions?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Been owner or co-owner of any business?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Been rejected for any federal, state, or local government position?	<input type="checkbox"/>	<input type="checkbox"/>
If you checked "Yes" to any of the above, give specifics below:			
	Date	City, State	Disposition

**Section V - MILITARY SERVICE**

31) Have you registered with the Selective Service (Under the Selective Service Act: Section 6, 50 U.S.C. APP456) in accordance with federal law governing males who have reached their eighteenth (18th) birthday?  
☐ Yes   ☐ No   If no, explain:

32) Have you ever served in the active Armed Forces?   ☐ Yes   ☐ No  
Have you ever served in the National Guard?   ☐ Yes   ☐ No  
Have you ever served in the Military Reserves?   ☐ Yes   ☐ No

If no to all of the above questions, skip to Question 44.

If yes, list active duty and/or reserve duty assignments, beginning with the most recent:

Branch: _____	From: _____ / ____ / ____	To: _____ / ____ / ____
Branch: _____	From: _____ / ____ / ____	To: _____ / ____ / ____
Branch: _____	From: _____ / ____ / ____	To: _____ / ____ / ____

Name, address and phone numbers of unit(s):

Name of Unit _____	Commanding Officer _____	Phone (     )     -     _____
--------------------	--------------------------	-------------------------------

Address _____	City _____	State _____	Zip Code _____
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**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

Name of Unit \_\_\_\_\_ Commanding Officer \_\_\_\_\_ Phone (     )     -     \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

33) Type of Separation \_\_\_\_\_ Character of Service \_\_\_\_\_  
Narrative Reason for Separation: \_\_\_\_\_

If Character of Service is other than "Honorable", explain: \_\_\_\_\_

34) Where were you Stationed for Basic Training? \_\_\_\_\_ Near what major City \_\_\_\_\_

35) Where were you transferred after Basic Training? \_\_\_\_\_ Near what major City \_\_\_\_\_

36) Have you ever served outside of the United States for any period(s) of time? ☐ Yes ☐ No If yes, explain assignment and give details (including country(s), dates, etc.) of all instances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37) Were you ever convicted by a court martial? ☐ Yes ☐ No If yes, explain and give details (including incident, dates, sentence, disposition, etc.) of all instances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38) Have you ever been the subject of any other judicial or non-judicial disciplinary action while in the military?  
☐ Yes ☐ No If yes, explain and give details (including incident, dates, sentence and/or disposition) of all instances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39) Place of discharge:

\_\_\_\_\_

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

40) Rank at time of discharge

41) Have you ever been reduced in rank? ☐ Yes ☐ No If yes, explain circumstances and give details (including dates) of all instances:

42) Have you ever been refused enlistment or acceptance by any branch of the Military Service, National Guard, or Military Reserves? ☐ Yes ☐ No If yes, explain circumstances and give details (including dates) of all instances:

**Section VI - EDUCATION**

***NOTE: If more space is needed for any question, attach additional pages following the same format.***

43) High School Graduation or G.E.D

<input type="checkbox"/> I possess a High School Diploma	Date Received / /	Name and Location of High School
<input type="checkbox"/> I passed the G.E.D. test	Date / /	Location
<input type="checkbox"/> I possess a Certified High School Equivalency		

44) List all college(s) you have attended (indicate dates of graduation and credits earned).

Name of School		Dates Attended	From / /	To / /
Location			Date of Graduation	/ /
	City	State		
GPA	Credits	Did you earn a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check below:		Major Field of Study
		<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other		
Your name at time of attendance (if different than present)				

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

Name of School			Dates Attended	From / /	To / /
Location				Date of Graduation	/ /
	City	State			
GPA	Credits	Did you earn a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check below: <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other			Major Field of Study
Your name at time of attendance (if different than present)					

Name of School			Dates Attended	From / /	To / /
Location				Date of Graduation	/ /
	City	State			
GPA	Credits	Did you earn a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check below: <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other			Major Field of Study
Your name at time of attendance (if different than present)					

Name of School			Dates Attended	From / /	To / /
Location				Date of Graduation	/ /
	City	State			
GPA	Credits	Did you earn a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check below: <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other			Major Field of Study
Your name at time of attendance (if different than present)					

45) List other educational or training programs you have taken, such as correspondence courses, specialty schools, in-service training, etc. Note any certificates or diplomas earned.

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46) Have you ever been placed on probation, suspended or expelled from any high school or post-secondary school (college, university, business, or vocational school) for any academic or disciplinary reason?  
☐ Yes ☐ No If yes, explain and give details (including the school, date and circumstances) of all instances:

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**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

- 47) Has any high school, college, university, or trade school, etc. advised you of any problems that you have had, such as attendance, difficulty getting along with instructors or fellow students, etc.? ☐ Yes ☐ No If yes, explain and give details (including dates) of all instances:

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48) Emergency Medical Technician / Paramedic Information

Are you currently licensed as an Emergency Medical Technician (EMT)? ☐ Yes ☐ No

If yes, provide the following:

Licensing Agency	License Number	Expiration Date
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Are you currently licensed as a Paramedic? ☐ Yes ☐ No

If yes, provide the following:

Licensing Agency	License Number	Expiration Date
------------------	----------------	-----------------

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Are you currently enrolled in an EMT training program? ☐ Yes ☐ No

If yes, provide the following:

School	Date of expected completion
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/ /

49) List other licenses and certifications that you have.

License/Certification:

Licensing/Certification Agency	Number	Expiration Date
--------------------------------	--------	-----------------

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License/Certification:

Licensing/Certification Agency	Number	Expiration Date
--------------------------------	--------	-----------------

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License/Certification:

Licensing/Certification Agency	Number	Expiration Date
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**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

**Section VIII - MOTOR VEHICLE OPERATION**

**NOTE: If more space is needed for any question, attach additional pages following the same format.**

50) Do you currently possess a valid Driver's License? ☐ Yes ☐ No

If yes, complete the following:

Name on the Driver's License

State Issued	Number	Class/Type	Expiration Date / /
--------------	--------	------------	------------------------

51)	Have you held a license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes" list the states:			
	State**	Name under which license was granted	Driver's License Number (if known)	Approximate Dates
				To      From
<b>**IT IS YOUR RESPONSIBILITY to provide our office with a copy of your driving record abstract from that state.</b>				

52)	Has any state ever refused to grant you a driver's license for reasons other than a medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "yes", explain below:		
	Date	State	Reason

53)	Have you ever applied or obtained a driver's license under a fictitious name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes, provide details and explain circumstances:
-----	---

54)	For how many years have you been a licensed driver?
-----	---

55) Have you ever been involved in a motor vehicle accident as a driver? ☐ Yes ☐ No  
If "yes", provide the following information.

	Date of accident	Location	<input type="checkbox"/> Injury
	Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	<input type="checkbox"/> Non-Injury
	Date of accident	Location	<input type="checkbox"/> Injury
	Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	<input type="checkbox"/> Non-Injury

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

	Date of accident	Location	<input type="checkbox"/> Injury
	Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	<input type="checkbox"/> Non-Injury

56)	Has your license ever been suspended, revoked, or have you been placed on negligent operator's probation (for other than medical reasons)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please give details below:			
	Action (e.g., suspension)	Date (Mo. & Yr.)	City, County, State	Reason

[illegible]

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

**Section IX – LEGAL INFORMATION**

**NOTE:** *If more space is needed for any question, attach additional pages following the same format.*

58)	List <b><u>ALL</u></b> convictions (felonies, misdemeanors, city/county ordinance violations.) Do not include any juvenile dispositions or traffic or parking citations.				
	Date	Charge	City, State	Court	Disposition

59)	Do you have any pending charges? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Date	Charge	City, State	Court

60)	Have you ever been paroled or placed on probation or extended supervision as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" give details. Start with the most recent.			
	Dates	Court	City, State	Circumstances



**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

61)	Are you now or have you ever been involved as a plaintiff or defendant in any civil court action other than bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", include details below:				
	Date of Court Action	City, State	Court	Circumstances	Disposition

62)	Have you ever been the subject of substantiated allegations of harassment, threats, or intimidation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", include details below:		
	Date	City, State	Circumstances

63)	Has a restraining order ever been taken out against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", include details below:		
	Date	City, State	Circumstances

64)	<b>Have you ever:</b>	Yes	No
a.	Been involved in a violent incident(s) where someone was or could have been injured?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Been the victim of a reported crime(s)?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Been a member of or associated with any gang?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Been investigated for welfare fraud?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Been investigated or has any property you own or rent been investigated by the Health Department, Building Inspection Department or other agency in the past five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>

	If you checked "Yes" to any of the above, give specifics below:			
	Date	City, State	Circumstances	Disposition

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

SECTION IX – ILLEGAL DRUG/CONTROLLED SUBSTANCE				
<i>NOTE: If more space is needed for any question, attach additional pages following the same format.</i>				
65)	Provide the following information regarding your use of and/or experimentation with any illegal drug or controlled substance without a prescription. Do you now, or have you in the past, used or experimented with any of the following? This section <b>does not</b> include substances prescribed by your physician.			
	SUBSTANCE	YES	NO	LAST USED: MONTH & YEAR
	Ecstasy (Methylenedioxy-N-methylamphetamine)	<input type="checkbox"/>	<input type="checkbox"/>	
	GHB (Gamma-Hydroxybutyric Acid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
	Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>	
	PCP (angel dust, crystal, rocket fuel, KJ)	<input type="checkbox"/>	<input type="checkbox"/>	
	Amphetamines/Methamphetamines (uppers, speed, crank)	<input type="checkbox"/>	<input type="checkbox"/>	
	Barbiturates (downers, yellow jackets)	<input type="checkbox"/>	<input type="checkbox"/>	
	Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC)	<input type="checkbox"/>	<input type="checkbox"/>	
	Psilocybin (magic mushroom)	<input type="checkbox"/>	<input type="checkbox"/>	
	Heroin	<input type="checkbox"/>	<input type="checkbox"/>	
	Morphine/Demerol	<input type="checkbox"/>	<input type="checkbox"/>	
	Mescaline/Peyote	<input type="checkbox"/>	<input type="checkbox"/>	
	Thai Sticks (Opiated grass)	<input type="checkbox"/>	<input type="checkbox"/>	
	Amyl Nitrate (poppers)	<input type="checkbox"/>	<input type="checkbox"/>	
	Quaaludes (ludes)	<input type="checkbox"/>	<input type="checkbox"/>	
	Steroids	<input type="checkbox"/>	<input type="checkbox"/>	
	Hashish/Hash Oil	<input type="checkbox"/>	<input type="checkbox"/>	
	Marijuana (Grass, Pot)	<input type="checkbox"/>	<input type="checkbox"/>	
	Other – Not listed above Describe:	<input type="checkbox"/>	<input type="checkbox"/>	
66)	Have you ever failed a mandatory drug screening?			<input type="checkbox"/> Yes <input type="checkbox"/> No
67)	Have you ever possessed, sold, supplied or cultivated marijuana?			<input type="checkbox"/> Yes <input type="checkbox"/> No
68)	Have you ever possessed, sold, supplied or manufactured any controlled substance, drug, narcotic, or any other illegal substance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
69)	Have you ever sniffed glue and/or used any other such chemical agents for recreational or social purposes?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the above questions, please explain giving dates and circumstances.

Date	Controlled Substance	Circumstances

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

**SECTION XI – REFERENCES/ACQUAINTANCES**

- 70) List 3-5 former or current teachers or supervisors who have knowledge of you and your character and suitability for the job of Firefighter.

Name/Relationship:	Address where person can be contacted (Include City, State, & Zip)	Home Phone	Work Phone	Cell Phone

- 71) List 3-5 former or current classmates, co-workers or neighbors who have knowledge of you and your character and suitability for the job of Firefighter.

Name/Relationship:	Address where person can be contacted (Include City, State, & Zip)	Home Phone	Work Phone	Cell Phone

- 72) List any of your acquaintances who are members of fire departments.

Name/Department:	Address where person can be contacted (Include City, State, & Zip)	Home Phone	Work Phone	Cell Phone

**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

**CERTIFICATION & SIGNATURE**

I hereby certify that the answers to questions on this application are accurate, true, and complete and that I have made no willful misrepresentations, omissions, or falsifications. I understand that if I give false information or omit material information on this Personal History Questionnaire or at any time during the selection process, I will be immediately rejected and disqualified from the selection process and/or removed from employment with the City of Milwaukee.

Signature of applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

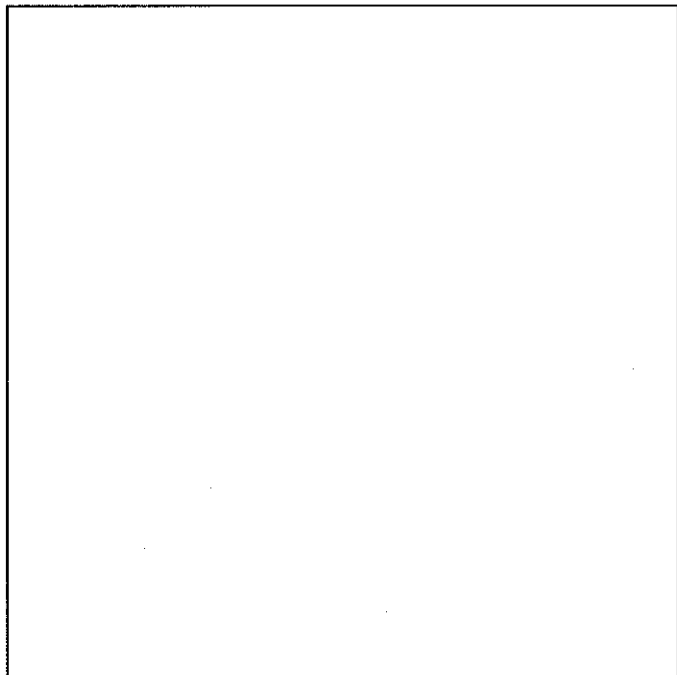
Place Right Index Fingerprint in space below –  
NOTE: Fingerprint will be taken by  
City of Milwaukee Police Department

ATTACH ONE

PHOTO HERE

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KEEP 2<sup>ND</sup>

PHOTO LOOSE



**City of Milwaukee  
FIREFIGHTER  
Personal History Questionnaire**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Read the authorization for release of information listed below. Your completion of this document allows the Milwaukee Police Department to investigate your background and gives your permission for the release of information from the below listed sources. After affixing your signature to the release form you must print your name beneath your signature.

**TO WHOM IT MAY CONCERN:**

I respectfully request and authorize you to allow the Milwaukee Police Department to view or to provide to the Milwaukee Police Department and/or any representative thereof any and all information that you may have concerning the following:

1. Employment history, including without limitation all background investigations, disciplinary records, performance evaluations, attendance records, and any other matters contained in my personnel file.
2. Scholastic records.
3. Financial records, credit information and all civil records including but not limited to collections, judgments, tax records, liens, paternity suits, child custody matters or cases, support payment records, et al.
4. Records maintained by any law enforcement agency, including but not limited to background investigations, records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
5. Residential history including information from past and present landlords and/or mortgage/property management company records.
6. Current or past traffic records maintained by any current or former insurance company.
7. Military records.

This information will be used to assist the Milwaukee Police Department and the Fire and Police Commission of the City of Milwaukee in determining my fitness for the position I am seeking with the Milwaukee Fire Department. Please provide the Milwaukee Police Department and/or any representative thereof, any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the Department to make copies of that information if it so desires.

**Pursuant to Section 103.13 of the Wisconsin State Statutes, demand is hereby made that you provide access, and, upon request, copies of all relevant records in your possession to the bearer of this waiver.**

I hereby release, and hold harmless, on behalf of myself, my heirs, assigns and successors interest forever, both you and/or your employer or organization from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I covenant not to sue you or your employer or organization for any information which is released in response to this request. In making these statements, I understand that information which you give may result in my not being employed.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ OTHER NAME(S) USED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

**City of Milwaukee**  
**FIREFIGHTER**  
**Personal History Questionnaire**

Applicants must also complete and submit the following:

- IRS Form 4506-T Request for Transcript of Tax Returns covering Tax years 2002 through 2006
- NARA Form 180 Request Pertaining to Military Records

Copies of these forms will be included with the PHQ document.

## Request for Transcript of Tax Return

OMB No. 1545-1872

► Request may be rejected if the form is incomplete or illegible.

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**POLICE ADMINISTRATION BUILDING, C/O BACKGROUND INVESTIGATION SECTION PO BOX 531 MILWAUKEE, WI 53201-0531**

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► 1040

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . . ☐

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . . ☐

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . . ☐

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . . ☐

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2011 12/31/2010 12/31/2009 12/31/2008

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . . ☐

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<b>Sign Here</b>		Phone number of taxpayer on line 1a or 2a
	Signature (see instructions)	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature	Date

## REQUEST PERTAINING TO MILITARY RECORDS

\* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>\*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

### SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)							
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")	
a. ACTIVE COMPONENT							
b. RESERVE COMPONENT							
c. NATIONAL GUARD							
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES			

### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

#### 1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☐ **DD Form 214 or equivalent.** When was the DD Form(s) 214 issued? YEAR(S): \_\_\_\_\_  
If more than one period of service was performed, even in the same branch, there may be more than one DD214.  
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.  
**An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214.** ☐  
The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- ☐ **All Documents in Official Military Personnel File (OMPF)**
- ☐ **Medical Records** (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission **must** be provided: \_\_\_\_\_
- ☐ **Other (Specify):** \_\_\_\_\_

**2. PURPOSE:** (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- ☐ Benefits ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal  
☐ Other, explain: \_\_\_\_\_

### SECTION III - RETURN ADDRESS AND SIGNATURE

**1. REQUESTER IS:** (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

- ☐ Military service member or veteran identified in Section I, above  
☐ Next of kin of deceased veteran: \_\_\_\_\_  
(Relationship)
- ☐ Legal guardian (Must submit copy of court appointment.)  
☐ Other (specify) \_\_\_\_\_

**MUST HAVE PROOF OF DEATH** - See item 2a on instruction sheet.

#### 2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

**3. AUTHORIZATION SIGNATURE WHEN REQUIRED** (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

#### MILWAUKEE FIRE AND POLICE COMMISSION

Name  
200 E WELLS ST, ROOM 706  
Street Apt.  
MILWAUKEE WI 53202  
City State Zip Code

Signature Required - Do not print Date  
( ) ( )  
Daytime phone Fax Number  
Email address